



APPLICATION FOR EXHIBITOR SPACE

Exhibitor Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Contact Person/Title _____

Exhibit Space Rental Information

Exhibit space includes one draped 6' table located within the common space of the conference at the Beaumont House Hotel and Conference Venue. Exhibitors may have a pop-up vertical display behind the table as long as it stays within the confines of the allocated space. The cost of each tabletop exhibit space is 500 GBP. Tabletops are intended for small businesses and non-profit organizations, with one table per company. Large companies are asked to consider sponsorship of the event which includes larger exhibit space by the main dining area. Exhibit space will be assigned by CWD, and space is limited to the first 15 companies/non-profits whose application is accepted by CWD. CWD reserves the right to determine whether any particular exhibitor's presence in this section of the Exhibit Space is suitable, and may reject any application in its sole discretion.

Exhibitor Responsibility

The exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while on Beaumont House premises, and hereby waives any claim or demand it may have against the Beaumont House Hotel, Children with Diabetes and their respective parents, subsidiaries and other related or affiliated companies ("Affiliates") arising from such loss, theft, or damage. In addition, the exhibitor agrees to be solely responsible for, and to defend, indemnify and hold harmless Children with Diabetes and the Beaumont House Hotel and their Affiliates from and against any liabilities, obligations, claims, damages, suits, costs and expenses, including without limitation, attorneys' fees and costs, arising from or in connection with the exhibitor's occupancy and use of the exhibition premises or any part thereof or any negligent act, error or omission of the exhibitor or its employees, subcontractors or agents. The exhibitor also assumes responsibility for compliance with all laws, regulations and industry standards and codes of conduct regarding the promotion, display or other advertising of medical products to the public.

Exhibit Hours

Set up (exhibitors only) begins Friday, August 14, 2009 at 16:00.

All exhibit areas open Friday, August 14, 2009, at 18:00.

Saturday, August 15, 2009, 10:00 – 13:00 p.m., closed from 13:00 p.m. – 14:00 p.m., open 14:00 p.m. – 17:00 p.m.

Sunday, August 16, 2009, 8:00-12:00 noon, closed from noon – 13:00, open 13:00 – 15:00 p.m.

Tear down complete by the evening of Sunday, August 16, 2009.

Payment

Payment for booth space is due when requesting the exhibit space. Please pay via credit card. No refunds will be offered for cancellations.

_____ Credit Card (Visa, MasterCard or American Express are accepted)

Account Number: _____

Security Code: _____

Expiration Date: _____

Name as it appears on the card: _____

Billing address (for company credit card): _____

Signature: _____

Send the application and payment to:

Laura Billetdeaux
VP Education and Programs
Children with Diabetes
18378 Herman Rd.
Manchester, MI 48158, USA

Or fax to Laura Billetdeaux at 734-428-0106

For more information, call 734-428-8265
Email: Laura.Billetdeaux@childrenwithdiabetes.com